

4126

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Arizona State Board of Health
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH State File No. 6289

1. PLACE OF DEATH
County Gila State ARIZONA Registered No. _____
Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.
2. FULL NAME Juan Medina How long in State when death occurred? _____ yrs. _____ mos. _____ ds.
(a) Residence: No. 64 Grover Canyon St. _____ Ward _____
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>Mex.</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Infant</u>		21. DATE OF DEATH (month, day, and year) <u>August, 1937</u>	
3a If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 9</u> , 19 <u>37</u> , to <u>Aug 9</u> , 19 <u>37</u>	
6. DATE OF BIRTH (month, day, and year) <u>July 5, 1938</u>				I last saw <u>him</u> alive on <u>Aug 9</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>11:00 p.m.</u>	
7. AGE	Years <u>1</u>	Months <u>1</u>	Days _____	The principal cause of death and related causes of importance were as follows: <u>Bronchopneumonia</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			11. Total time (years) spent in this occupation _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			Other contributory causes of importance: _____		
10. Date deceased last worked at this occupation (month and year) _____			Name of operation _____ Date of _____		
12. BIRTHPLACE (city or town) (State or Country) <u>Miami Ariz.</u>			What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>		
13. NAME <u>Juan Medina</u>			23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____		
14. BIRTHPLACE (city or town) (State or Country) <u>Embrown Mexico</u>			Where did injury occur? (Specify city or town, county and State) _____		
15. MAIDEN NAME <u>Francisca Lewis</u>			Specify whether injury occurred in industry, in home, or in public place. _____		
16. BIRTHPLACE (city or town) (State or Country) <u>Mexico</u>			Manner of injury _____		
17. INFORMANT (Address) <u>Juan Medina Miami Ariz.</u>			Nature of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>burial</u> Date <u>Aug 10, 1937</u>			24. Was disease or injury in any way related to occupation of deceased? <u>no</u>		
19. EMBALMER License No. <u>242-A</u> Signature <u>John C. Sabalkey</u>			If so, specify _____ (Signed) <u>M. D. Wheeler</u> , M. D.		
FUNERAL DIRECTOR <u>Mike Morhary</u> Address <u>Miami Ariz.</u>			(Address) <u>Globe Ariz.</u>		
20. Filed <u>Aug 10</u> , 19 <u>37</u> <u>James W. Wamble</u> Registrar					

10M 1-7-38 48 Form 3 100% Reg Back of Certificate to be used for any Additional Information